

NOTICE OF APPOINTMENT

COUNTY OR CITY REPRESENTATIVE

_____ CONSERVATION DISTRICT

NAME: _____

OF, _____

(ADDRESS/PHONE) _____

WAS APPOINTED TO REPRESENT _____
(COUNTY OR CITY) ON THE BOARD OF SUPERVISORS
OF THE _____ CONSERVATION
DISTRICT. THIS APPOINTMENT WAS MADE BY THE
_____ CITY COUNCIL/ _____
_____ BOARD OF COUNTY
COMMISSIONERS ON _____, 20 ____.
THE TERM OF OFFICE WILL BE TWO YEARS ENDING
ON DECEMBER 31, 20 ____.

SIGNED: _____
(DISTRICT CHAIRMAN)

WITHIN ONE MONTH OF APPOINTMENT MAIL TO:
STATE CONSERVATION COMMISSION
333 W. NYE LANE ROOM #126, CARSON CITY, NV 89706